

PCT

REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

For receiving Office use only

International Application No.

International Filing Date

Name of receiving Office and "PCT International Application"

Applicant's or agent's file reference
(if desired) (12 characters maximum) 46831.WO01

Box No. I TITLE OF INVENTION
Anti-Inflammatory Agents

Box No. II APPLICANT ☐ This person is also inventor

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

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Teleprinter No.

Applicant's registration No. with the Office

State (that is, country) of nationality:
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State (that is, country) of residence:
United Kingdom

This person is applicant
for the purposes of:

☐ all designated
States

☒ all designated States except
the United States of America

☐ the United States
of America only

☐ the States indicated in
the Supplemental Box

Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

GRAINGER, David John
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United Kingdom

This person is:

☐ applicant only

☒ applicant and inventor

☐ inventor only (If this check-box is
marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:
United Kingdom

State (that is, country) of residence:
United Kingdom

This person is applicant
for the purposes of:

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☐ all designated States except
the United States of America

☒ the United States
of America only

☐ the States indicated in
the Supplemental Box

☒ Further applicants and/or (further) inventors are indicated on a continuation sheet.

Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE

The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as:

☒ agent

☐ common
representative

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

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☐ Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

Continuation of Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S) <i>If none of the following sub-boxes is used, this sheet should not be included in the request.</i>	
Name and address: <i>(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</i> FOX, David John Department of Chemistry, Cambridge University Lensfield Road Cambridge, CB2 1EW United Kingdom	This person is: <input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only <i>(If this check-box is marked, do not fill in below.)</i> <hr/> Applicant's registration No. with the Office
State <i>(that is, country)</i> of nationality: United Kingdom	State <i>(that is, country)</i> of residence: United Kingdom
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
Name and address: <i>(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</i>	This person is: <input type="checkbox"/> applicant only <input type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only <i>(If this check-box is marked, do not fill in below.)</i> <hr/> Applicant's registration No. with the Office
State <i>(that is, country)</i> of nationality:	State <i>(that is, country)</i> of residence:
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
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State <i>(that is, country)</i> of nationality:	State <i>(that is, country)</i> of residence:
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
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State <i>(that is, country)</i> of nationality:	State <i>(that is, country)</i> of residence:
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
<input type="checkbox"/> Further applicants and/or (further) inventors are indicated on another continuation sheet.	


See Notes to the request form

Box No. IX CHECK LIST; LANGUAGE OF FILING

This international application contains:		This international application is accompanied by the following item(s) (mark the applicable check-boxes below and indicate in right column the number of each item):	Number of items
(a) in paper form, the following number of sheets:		1. <input checked="" type="checkbox"/> fee calculation sheet	1
request (including declaration sheets)	: 4	2. <input type="checkbox"/> original separate power of attorney	:
description (excluding sequence listing and/or tables related thereto)	: 55	3. <input type="checkbox"/> original general power of attorney	:
claims	: 8	4. <input type="checkbox"/> copy of general power of attorney; reference number, if any:	:
abstract	: 1	5. <input type="checkbox"/> statement explaining lack of signature	:
drawings	: 1	6. <input type="checkbox"/> priority document(s) identified in Box No. VI as item(s):	:
Sub-total number of sheets	: 69	7. <input type="checkbox"/> translation of international application into (language):	:
sequence listing	:	8. <input type="checkbox"/> separate indications concerning deposited microorganism or other biological material	:
tables related thereto	:	9. <input type="checkbox"/> sequence listing in computer readable form (indicate type and number of carriers)	:
(for both, actual number of sheets if filed in paper form, whether or not also filed in computer readable form; see (c) below)	:	(i) <input type="checkbox"/> copy submitted for the purposes of international search under Rule 13ter only (and not as part of the international application)	:
Total number of sheets	: 69	(ii) <input type="checkbox"/> (only where check-box (b)(i) or (c)(i) is marked in left column) additional copies including, where applicable, the copy for the purposes of international search under Rule 13ter	:
(b) <input type="checkbox"/> only in computer readable form (Section 801(a)(i))		(iii) <input type="checkbox"/> together with relevant statement as to the identity of the copy or copies with the sequence listing mentioned in left column	:
(i) <input type="checkbox"/> sequence listing		10. <input type="checkbox"/> tables in computer readable form related to sequence listing (indicate type and number of carriers)	:
(ii) <input type="checkbox"/> tables related thereto		(i) <input type="checkbox"/> copy submitted for the purposes of international search under Section 802(b-quater) only (and not as part of the international application)	:
(c) <input type="checkbox"/> also in computer readable form (Section 801(a)(ii))		(ii) <input type="checkbox"/> (only where check-box (b)(ii) or (c)(ii) is marked in left column) additional copies including, where applicable, the copy for the purposes of international search under Section 802(b-quater)	:
(i) <input type="checkbox"/> sequence listing		(iii) <input type="checkbox"/> together with relevant statement as to the identity of the copy or copies with the tables mentioned in left column	:
(ii) <input type="checkbox"/> tables related thereto		11. <input type="checkbox"/> other (specify):	:
Type and number of carriers (diskette, CD-ROM, CD-R or other) on which are contained the			
<input type="checkbox"/> sequence listing:			
<input type="checkbox"/> tables related thereto:			
(additional copies to be indicated under items 9(ii) and/or 10(ii), in right column)			
Figure of the drawings which should accompany the abstract:		Language of filing of the international application: ENGLISH	

Box No. X SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE

Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the request).



DAVIES, Jonathan Mark
 Authorised Representative

For receiving Office use only		2. Drawings: <input type="checkbox"/> received: <input type="checkbox"/> not received:
1. Date of actual receipt of the purported international application:		
3. Corrected date of actual receipt due to later but timely received papers or drawings completing the purported international application:		
4. Date of timely receipt of the required corrections under PCT Article 11(2):		
5. International Searching Authority (if two or more are competent): ISA /	6. <input type="checkbox"/> Transmittal of search copy delayed until search fee is paid	

For International Bureau use only

Date of receipt of the record copy
 by the International Bureau: